

suffered significant delays accessing ultrasound (USS) if they attended in the latter half of the week.

Methods: Patients admitted to the general surgical department at Blackpool Victoria Hospital during a 3-month period were identified; those investigated by USS were included. Data on when the USS was ordered and reported was collected. The week was split Monday-Wednesday, Thursday-Sunday and analysed using an unpaired t-test.

Results: 107 patients underwent USS Monday-Wednesday, 88 patients Thursday-Sunday. The mean time taken to report the USS Mon-wed was 20.70hours (SD15.56); Thurs-sun 39.52hours (SD 37.04); A significantly longer time in the Thursday-Sunday group, +18.82hours (95% CI +11.04 - +26.60)($p<0.0001$).

Conclusions: These results highlight the need for a greater provision of USS in the latter half of the week to enable equal access. As a result of delays to USS it is likely patients admitted Thursday-Sunday have prolonged admissions increasing costs to the NHS.

0854: THE USE OF SOCIAL MEDIA FOR RECRUITMENT AND COMMUNICATION IN MULTICENTRE COLLABORATIVE STUDIES

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Introduction: Surgical studies can be difficult to design and conduct and often face problems with recruiting adequate numbers of participants. We describe and evaluate the use of social media to facilitate the recruitment of geographically diverse centres to a trainee collaborative-delivered study involving general surgical patients.

Methods: A communications team co-ordinated the dissemination of information and answering queries to facilitate targeted recruitment. 'Interventions' were delivered throughout recruitment, including email newsletters, targeted emails and tweets. Twitter support sessions were held to share and address concerns. Interventions were correlated with email enquiries, website hits and registration of centres participating in the study.

Results: Following an email bulletin to ASiT (Association of Surgeons in Training) members and Twitter publicity linked to World Sepsis Day, email enquiries that week increased to 47 (weekly mean =9) and 47 more centres confirmed participation. The website attracted 358 additional hits following the first twitter support session and registered centres increased from 108 to 120 during this period.

Conclusions: Social media should be considered in future studies to maximise recruitment in a cost effective manner. Social media enables discussion amongst all collaborators and helps to maintain interest and motivation of participating clinicians.

0863: ADHERENCE TO ANTIBIOTIC PROPHYLAXIS TRUST GUIDELINES FOR ELECTIVE INGUINAL HERNIA REPAIR AND LAPAROSCOPIC CHOLECYSTECTOMY: A RE-AUDIT.

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Introduction: Abstract Antibiotic prophylaxis in preventing wound infections, for elective hernia and laparoscopic cholecystectomy has long been controversial; meta-analyses demonstrate no clear benefit to their use. As such, our trust guidelines recommend no antibiotic prophylaxis during uncomplicated elective inguinal hernia repair (IHR) and laparoscopic cholecystectomy (LC). Our aim was to re-audit adherence to trust guidelines for antibiotic prophylaxis in adults undergoing uncomplicated elective IHR and LC, as previous compliance was unacceptably low. No patients undergoing uncomplicated IHR or LC should receive antibiotic prophylaxis. Target compliance $\geq 90\%$. Those with documented surgical/non-surgical indications for antibiotics were excluded.

Methods: Retrospective analysis, 1st January 2013 - 31st July 2013. All patient notes successfully obtained from medical records were analysed (operation note, anaesthetic record, drug chart & clinical notes) to assess if antibiotics were given, their indication (if any) and their duration.

Results: IHR: 2013 compliance with trust guidelines 95.9% (n=49), vs. 32.6% in 2012. LC: 2013 compliance with trust guidelines 70.0% (n=40), vs. 18.4% in 2012.

Conclusions: Compliance with trust guidelines for both IHR and LC has vastly improved, however for LC, remains below the target compliance of 90%. Further strategies to improve compliance have been implemented and compliance will be re-audited in due course.

0869: MULTIDISCIPLINARY HYPOSPADIAS EDUCATION SEMINAR: A NEW APPROACH FOR ASSESSING & COUNSELLING

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Introduction: Hypospadias is a common birth defect affecting approximately 1 in 300 live births. Hypospadias remains a challenging condition to treat, with significant functional, psychosexual and social impact on individuals and their families. Patients generally have been shown to retain little of the information provided in the standard hospital outpatient setting. We have introduced a novel multidisciplinary educational seminar aimed at parents of boys with hypospadias, to replace a standard outpatient appointment. The aim is to improve hospital experience and enhance understanding when compared to a standard hospital appointment.

Methods: We present the format for the hypospadias education seminar including the custom made animations. Evaluation of the seminars was performed with purpose designed satisfaction questionnaire.

Results: The seminar has been conducted six times since February 2012; we had complete formal feedback from approximately 75% of parents (n=43). Overall satisfaction rate was excellent 76.74%, and very good in 23.26%. All parents preferred the educational meeting when compared to a standard clinic appointment, and 97.67% would recommend attending the meeting to other parents.

Conclusions: This novel approach to patient care was well received by families of boys with hypospadias. It could be expanded to replace standard hospital outpatient appointments for other patient groups.

1095: CANCELLATIONS ON THE DAY OF SURGERY: IS A LACK OF BEDS A SIGNIFICANT PROBLEM? A REVIEW OF PRACTICE AT A DISTRICT GENERAL HOSPITAL

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Introduction: To ascertain whether a lack of beds impacts significantly upon cancellation of surgical procedures.

Methods: Data were collected from July-December 2013 regarding number of procedures listed upon every elective Vascular, Colorectal, Upper Gastrointestinal (GI) and Breast Surgery operating list, with detailed data recorded about each cancelled procedure.

Results: A total of 1191 procedures were scheduled, of which 128 (10.75%) were cancelled upon the day of surgery. Upper GI had the highest rate of overall cancellations (18.32% vs. 5.71% Vascular, 11.76% Colorectal and 3.7% Breast). Overall cancellations increased towards the end of 2013 (9.9% July vs. 13.3% December), with cancellations rates highest on Mondays (16.18%). Seventy-two of the 128 cancellations (56.25%) were due to lack of beds, with rates highest in Upper GI (81.94% of cancellations vs. 4.55% Vascular, 34.62% Colorectal and 42.86% Breast). Time to surgery from cancellation was higher if cancellation was due to no beds (median 21 days vs. 7 days if cancelled for another reason).

Conclusions: A lack of beds has a major impact upon cancellation upon the day of surgery. Strategies for reducing cancellation rates may include changing discharge patterns, scheduling more procedures for benign conditions at Treatment Centres, and discussion with other specialties.

1179: THE DEVELOPMENT OF AN EMERGENCY AND ELECTIVE PAPERLESS COLORECTAL SERVICE

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Introduction: To develop a full paperless colorectal service

Methods: October 2013–Dec 2013 all patients treated by a single colorectal consultant surgeon were seen, assessed and treated by a complete paperless system. Cerner Millennium® was used for all data and clinical interactions. Outpatient dictation utilised G2 speech® interactive recognition for real-time dictation. A portable Computer on Wheels used for ward rounds. All operation notes entered onto millennium and outcome assessed by Surginet®. The level of interaction was assessed by the Lightson software®

Results: Outpatients—312 patients were seen with no access to paper records. 18- Elective admissions 29-emergency admissions 18 major cases underwent a complete paperless pathway from admission to discharge. Entries and "clicks" within CRS increased over the three months and the quality was improved Advantages1.Secretarial time spent on pathway